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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |   | Application or Docket Number<br><b>10/553,317</b> | Filing Date<br><b>09/26/2006</b> | <input type="checkbox"/> To be Mailed |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|----------------------------------|---------------------------------------|----------------------------------|------------------------|--|----------------------------|------------|----------------------------|--|------------|---|---|------------------|----------------------------|----------------------------|-----------|------------------------|------------------------|---|---|------------------|-----------|---|-----------|------------------------|------------------------------|------|-------|-------|--|--------|-----|--------|--|-----|-------|---|-----------------------|--------|-----------------------|--------|--|--|----------------------------------|------------|-----------------------|--------|-----------------------|--------|--|--|-----------|---|--------|--|--------|--|---|---|--|--|-------|-------|--|--|---|--|--|--|--|--|--|------------|--|--|------------|------------|----------------------------|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|---|-------|----|---|--------|----|--------|------------------------------|---|-------|-----|---|--------|----|--------|--|--|--|--|-----------------------|----|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">SMALL ENTITY <input checked="" type="checkbox"/> OR</th> <th colspan="2" style="text-align: center; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding-bottom: 5px;">FOR</td> <td style="padding-bottom: 5px;">NUMBER FILED</td> <td style="padding-bottom: 5px;">NUMBER EXTRA</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">FEE (\$)</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">FEE (\$)</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">N/A</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding-bottom: 5px;">minus 20 =</td> <td style="padding-bottom: 5px;">*</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding-bottom: 5px;">minus 3 =</td> <td style="padding-bottom: 5px;">*</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="3" style="padding-bottom: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td style="padding-bottom: 5px;">TOTAL</td> <td style="padding-bottom: 5px;">TOTAL</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> </tbody> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p>  |   |   |   |   |                                  |                                       | APPLICATION AS FILED – PART I    |                        |  | OTHER THAN<br>SMALL ENTITY |            |                            |  | (Column 1) | (Column 2)                                | SMALL ENTITY <input checked="" type="checkbox"/> OR |                  | OTHER THAN<br>SMALL ENTITY |                            | FOR       | NUMBER FILED           | NUMBER EXTRA           | RATE (\$)                                 | FEE (\$)                                    | RATE (\$)        | FEE (\$)  | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A       | N/A                    | N/A                          |      | N/A   |       | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A    | N/A | N/A    |  | N/A |       | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A                   | N/A    | N/A                   |        | N/A  |  | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | *                     | X \$ = |                       | X \$ = |  | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | * | X \$ = |  | X \$ = |  | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |  | TOTAL | TOTAL |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY                  |   |                                  |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | SMALL ENTITY <input checked="" type="checkbox"/> OR |   | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA  | RATE (\$)                                   | FEE (\$)  | RATE (\$)                        | FEE (\$)                              |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A   | N/A   |   | N/A                              |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                                      |   | X \$ =                           |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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margin-top: 10px;">Legal Instrument Examiner:<br/><b>/KATRINA S. TURNER/</b></p> |   |   |   |   |                                  |                                       | APPLICATION AS AMENDED – PART II |                        |  | OTHER THAN<br>SMALL ENTITY |            |                            |  | (Column 1) | (Column 2)                                | (Column 3)  | SMALL ENTITY     |                            | OTHER THAN<br>SMALL ENTITY |           | AMENDMENT              | <b>10/08/2008</b>      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$)  | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i))       | * 16 | Minus | ** 20 | =  | X \$ = | OR  | X \$ = | Independent (37 CFR 1.16(h))                                   | * 1 | Minus | ***3  | =                     | X \$ = | OR                    | X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |  |                                  |            | TOTAL<br>ADD'L<br>FEE | OR     | TOTAL<br>ADD'L<br>FEE |        | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding-bottom: 5px;">(Column 1)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 2)</th> <th style="text-align: center; padding-bottom: 5px;">(Column 3)</th> <th colspan="2" style="text-align: right; padding-bottom: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <td rowspan="6" style="vertical-align: top; padding-bottom: 5px;">AMENDMENT</td> <td style="padding-bottom: 5px;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding-bottom: 5px;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding-bottom: 5px;">PRESENT<br/>EXTRA</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">ADDITIONAL<br/>FEE (\$)</td> <td style="padding-bottom: 5px;">RATE (\$)</td> <td style="padding-bottom: 5px;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding-bottom: 5px;">Total (37 CFR 1.16(i))</td> <td style="padding-bottom: 5px;">* </td> <td style="padding-bottom: 5px;">Minus</td> <td style="padding-bottom: 5px;">** </td> <td style="padding-bottom: 5px;">=</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;">OR</td> <td style="padding-bottom: 5px;">X \$ =</td> </tr> <tr> <td style="padding-bottom: 5px;">Independent (37 CFR 1.16(h))</td> <td style="padding-bottom: 5px;">* </td> <td style="padding-bottom: 5px;">Minus</td> <td style="padding-bottom: 5px;">***</td> <td style="padding-bottom: 5px;">=</td> <td style="padding-bottom: 5px;">X \$ =</td> <td style="padding-bottom: 5px;">OR</td> <td style="padding-bottom: 5px;">X \$ =</td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="padding-bottom: 5px;">OR</td> <td style="padding-bottom: 5px;">TOTAL<br/>ADD'L<br/>FEE</td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-bottom: 5px;"></td> <td colspan="3" style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> <td style="padding-bottom: 5px;"></td> </tr> </thead></table> |  |  |  |  |  |  | (Column 1) |  |  | (Column 2) | (Column 3) | OTHER THAN<br>SMALL ENTITY |  | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | ADDITIONAL<br>FEE (\$) | Total (37 CFR 1.16(i)) | * | Minus | ** | = | X \$ = | OR | X \$ = | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | X \$ = | OR | X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  | TOTAL<br>ADD'L<br>FEE | OR | TOTAL<br>ADD'L<br>FEE |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   | Total (37 CFR 1.16(i))  | *   | Minus                                       | **  | =                                | X \$ =                                | OR                               | X \$ =                 |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Independent (37 CFR 1.16(h))  | *   | Minus                                       | ***   | =                                | X \$ =                                | OR                               | X \$ =                 |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   | TOTAL<br>ADD'L<br>FEE            | OR                                    | TOTAL<br>ADD'L<br>FEE            |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |                                  |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |                                  |                                       |                                  |                        |  |                            |            |                            |  |            |   |   |                  |                            |                            |           |                        |                        |   |   |                  |           |   |           |                        |                              |      |       |       |  |        |     |        |  |     |       |   |                       |        |                       |        |  |  |                                  |            |                       |        |                       |        |  |  |           |   |        |  |        |  |   |   |  |  |       |       |  |  |   |  |  |  |  |  |  |            |  |  |            |            |                            |  |           |   |   |                  |           |                        |           |                        |                        |   |       |    |   |        |    |        |                              |   |       |     |   |        |    |        |  |  |  |  |                       |    |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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